

216008468
83728

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 27	Agency Case No. B6-015776	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/24/2016		TIME OF ACCIDENT 0935	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0936	02/25/2016	
B 35	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 27th Apple to W st		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				12.00	X	27th
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13742469		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	BRAD L MEYER		PHONE	712-291-6715	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/21/1975	
	1811 NW 46TH ST, LINCOLN, NE 68528					
G 4	OWNER	BRAD L MEYER		PHONE	712-291-6715	
	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB502425
	1811 NW46, LINCOLN, NE 68528					
H 5	LICENSE PLATE NO.	PRMEDIC		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2010	Ford	F150	Pickup truck	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500
V2/O 1	VEHICLE ID NO. (V1/N)	1FTFW1EV3AKA59505		INSURANCE COMPANY STATE FARM		
	TOWED TO	TOWED BY		POLICY NO. 100 5776-D19-27A		
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.			STATE (Of License)	IL	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	BROOKE RAY		PHONE	217-836-4256	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/12/1994	
	8032 WILSON TERR, SPRINGFIELD, IL 62712					
J 01	OWNER	BROOK RAY		PHONE	217-836-4256	
	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.
	8032 WILSON TERR, SPRINGFIELD, IL 62712					
V1/Q 4	LICENSE PLATE PA NO.	SUGRAY1		YEAR (Plate Expires)	2016	STATE (Of Plate) IL
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2014	Hyundai	ACCENT	4 door Sedan	white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500
K 01	VEHICLE ID NO. (V1/N)	KMHCU5AE8EU145615		INSURANCE COMPANY GEICO		
	TOWED TO	TOWED BY		POLICY NO. 4365-69-66-42		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



15' E of W of 27th
292' N of S of W st

27th = 75'

entrance/exit
915 N 27

↑
to W st

to Vine

Not To Scale

Driver 2 was S on 27th in the inside lane approaching W st, when veh 1 pulled out of a parking lot and struck her vehicle. Driver 1 said he was pulling out of the Long John Silver's lot. Driver 1 said a bus was S on 27th stopped in the outside lane. Driver 1 said the bus driver waived him out so he started to turn right onto 27th and struck veh 2. Dr. 1 said he didn't see veh 2 until impact.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																				
1			X		27TH																				
2		X			27TH																				
1	05				06 Turning left																				
2	01				08 Entering traffic lane																				
01 Essentially straight ahead						09 Leaving traffic lane																			
02 Backing						10 Parked																			
03 Changing lanes						11 Slowing or stopped in traffic																			
04 Overtaking/Passing						12 Other																			
05 Turning right						13 Unknown																			
OFFICER NO. 965						TROOP/ TEAM/ BEAT CE						DEPARTMENT Lincoln Police Department						Photographs taken? YES NO							
INVESTIGATOR NAME <i>(Print or Type)</i> Richard Fitch												INVESTIGATOR SIGNATURE Approved by Officer Richard Fitch												DATE OF REPORT 02/25/2016	